

2010 Survey of Providers

Office of the Health Insurance Commissioner

September 2010



Protecting Consumers • Ensuring Solvency • Engaging Providers • Improving the System

www.ohic.ri.gov

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Summary of Results from 2010 Provider Survey¹

To inform a commercial rate factor filing, the third annual survey of physicians in Rhode Island was conducted by the Office of the Health Insurance Commissioner (OHIC) for feedback regarding health insurer behavior towards providers.² As such, each provider was asked to rate United Health Care (United), Blue Cross Blue Shield of Rhode Island (BCBSRI), and Tufts Health Plan (Tufts) individually on the following topics:

- A. “fair treatment of providers”
- B. payment strategies that promote affordability and quality of health care, and
- C. collaboration with others to improve Rhode Island’s health care system.³

In addition to carrier-specific ratings, free-response comments were collected from respondents on each topic and integrated into reported results by topic. In keeping with the priority placed by OHIC and its Health Insurance Advisory Council in their “Affordability Standards”, responses for primary care physicians were analyzed separately, where possible.

The survey was sent via email to all licensed physicians in Rhode Island with active e-mail contacts available through the Rhode Island Department of Health (N = 3,644). Constant Contact was used to distribute the survey online and collect results. A copy of the survey is attached (Appendix I). The survey was administered from May 18 – June 4, 2010. A provider was eligible to participate if he or she had worked as a physician in Rhode Island at any time in the twelve months preceding the survey. 23.8% of recipients responded (N=867). 83.4% of respondents (N = 703) were eligible and completed the survey, for an overall response rate of 19.3%. This rate is comparable to the 2009 survey response rate (19.5%), and significantly higher than the 6.9% response rate in 2008.

Practice demographics were collected. More than half of respondents, 63.8% (n = 448), reported spending greater than 75% of a standard work week seeing patients. An additional 17.2% (n = 121) reported spending

between 51 – 75% of a standard work week seeing patients, while 18.9% (n = 133) reported spending less than 50% of a standard work week seeing patients. As shown in Table 1, 35.4% of respondents practice primary care, which is slightly lower than the target population (38.9%). 47.6% (n = 324) of respondents are in a private practice, 40.4% of whom have a solo practice. 29.3% (n = 199) are employed by a hospital.

Table 1. Distribution of Self-Reported Specialty

Specialty	Respondents % (n)	Physicians in RI % (n)⁴
Internal Medicine	17.6% (124)	23.0% (1129)
Family Medicine	9.2% (65)	6.9% (340)
Pediatrics	8.5% (60)	9.0% (441)
Other (Non-Primary Care)	64.6% (454)	61.1% (2998)

¹ This report was compiled and written by Angela Sherwin, MPH. Funding for the survey was provided by the Rhode Island Medical Society (RIMS). While RIMS had no editorial or analytical role, its financial support is gratefully acknowledged.

² Results from the [2008](#) and [2009](#) Provider Surveys are available at www.ohic.ri.gov.

³ These three standards are derived from General laws (RIGL42-14,5-2) and Regulation (OHIC Regulation 11)

⁴ The distribution of physicians in this column represents the self-reported specialty of all 4,908 medical doctors and doctors of osteopathic medicine licensed by the Rhode Island Department of Health as of May 2010.

A. Fair Treatment of Providers

In this survey, providers were asked to assess health plans' "fair treatment of providers" in terms of three variables: provider payment rates, claims processing, and general provider services.

Rate Adequacy

Despite improvements in provider rate adequacy for both BCBSRI and United since 2008, most respondents continue to consider their rate of reimbursement "poor" or "very poor": 40.6% for BCBSRI and 70.8% for United. 45.2% of respondents considered reimbursement adequacy for Tufts to be "poor" or "very poor", as shown in Figure 1.

Fig. 1. Provider Rate Adequacy by Carrier, 2010

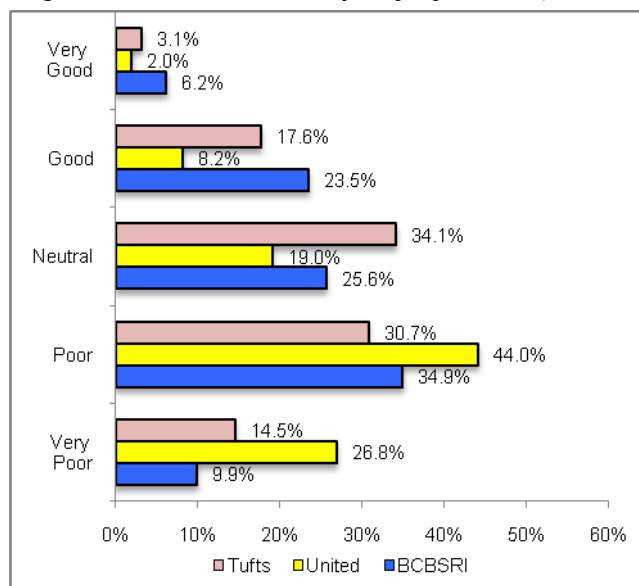
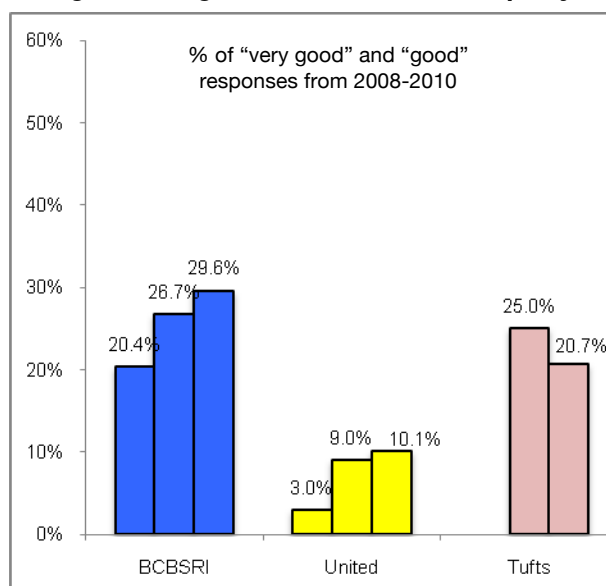


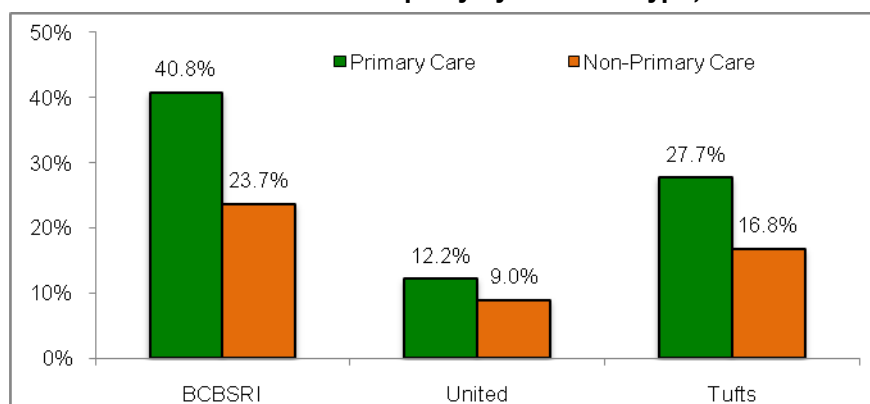
Fig. 2. Change in Provider Rate Adequacy



* No testing was done for statistical significance of any differences reported.

Primary care physician respondents report greater satisfaction with their reimbursement rate than non-primary care physicians, as shown in Figure 3: 40.8% for BCBSRI, 12.2% for United, and 27.7% for Tufts rated "very good" or "good".

Fig. 3. Percent of "Very Good" and "Good" Responses for Provider Rate Adequacy by Provider Type, 2010



* No testing was done for statistical significance of any differences reported.

Providers echoed their concerns from the 2009 provider survey. Specific rationale for these low satisfaction ratings included:

- (1) Rate parity within specialties, regionally (Rhode Island as compared to Connecticut and Massachusetts), and between insurers;
- (2) Disparity between low rate increase trends and much faster increases in practice costs;
- (3) Reimbursements do not account for non-procedural time spent with patients, reducing overall quality of care.

Claims Processing Accuracy and Simplicity

BCBSRI and Tufts were rated higher than United for accuracy and simplicity in processing claims. 47.0% of respondents reported “very good” or “good” claims accuracy for BCBSRI, 31.4% for Tufts, and 22.1% for United, as shown in Figures 4 and 5.

Fig. 4. Claims Processing Accuracy by Carrier, 2010

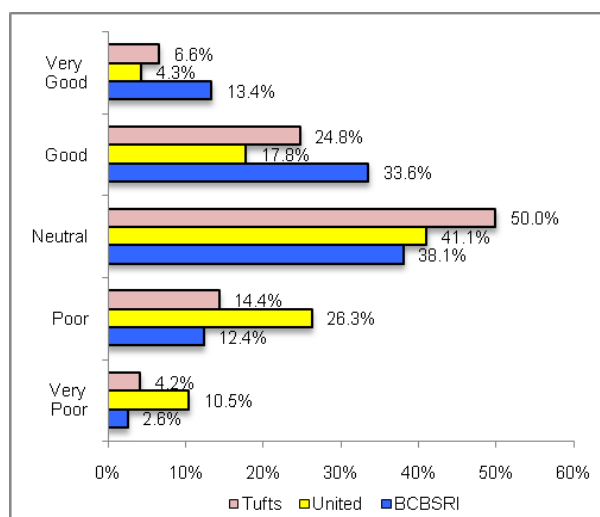
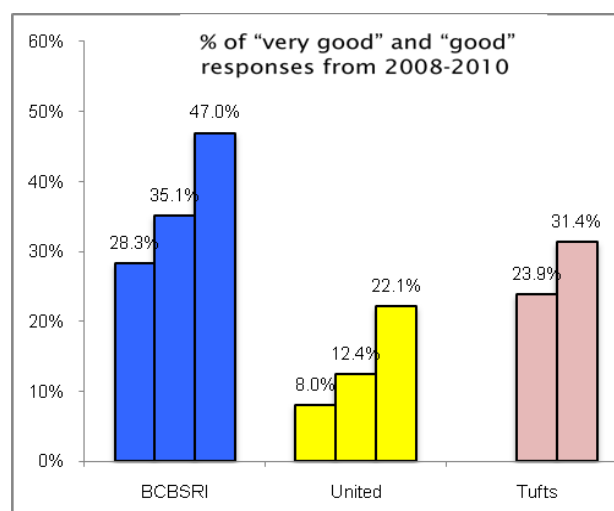


Fig. 5. Change in Claims Processing Accuracy



* No testing was done for statistical significance of any differences reported.

Across carriers, respondents rated their satisfaction with claims accuracy slightly higher than their satisfaction with claims simplicity. 37.2% of respondents reported “very good” or “good” claims accuracy for BCBSRI, 17.5% for Tufts, and 17.5% for United, as shown in Figures 6 and 7. Many physicians surveyed were not able to directly comment on claims processing procedures, as they may be salaried or work for an institution that hires administrative staff to process all claims.

Fig. 6. Claims Processing Simplicity by Carrier, 2010

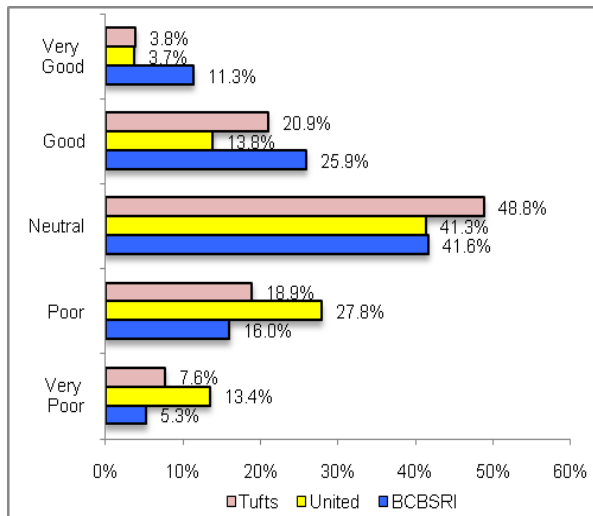
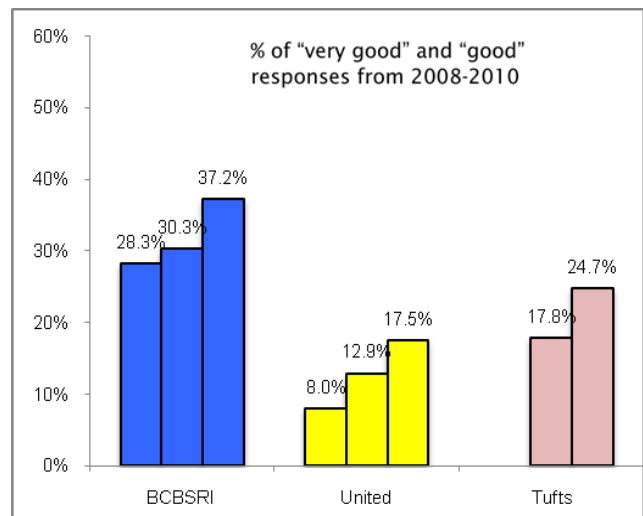


Fig. 7. Change in Claims Processing Simplicity



* No testing was done for statistical significance of any differences reported.

While claims processing accuracy and simplicity appear to have improved since 2008 for all three carriers, providers' justification for their ratings indicate that there is still much room for improvement:

- (1) Computerized and outsourced customer service techniques are seen as ineffectual in addressing complex medical situations,
- (2) Denials perceived as arbitrary, and
- (3) The level of effort required by providers to adjudicate a denial is perceived as overly burdensome.

General Provider Services

Respondents have consistently ranked BCBSRI higher than United and Tufts regarding satisfaction with each carrier's provider services. According to respondents, United has made little improvement in provider services since 2008. 64.7% describe United's provider services as "poor" or "very poor", while only 8.2% describe them as "good" or "very good". In contrast, 38.5% of respondents rate BCBSRI's general provider services as "good" or "very good", as shown in Figures 8 and 9.

Fig. 8. General Provider Services by Carrier, 2010

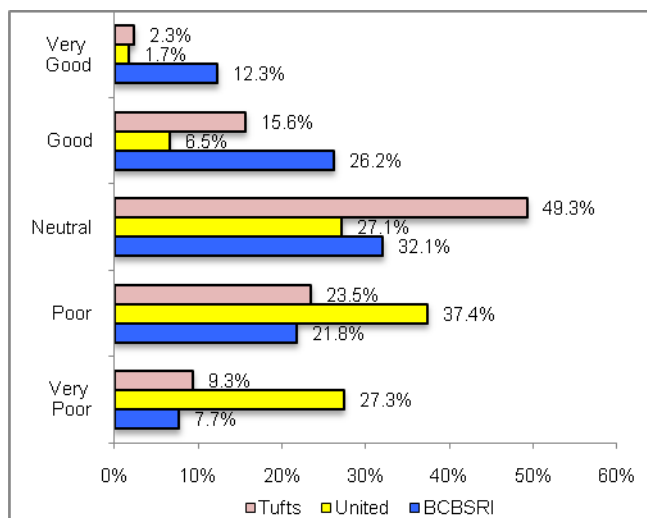
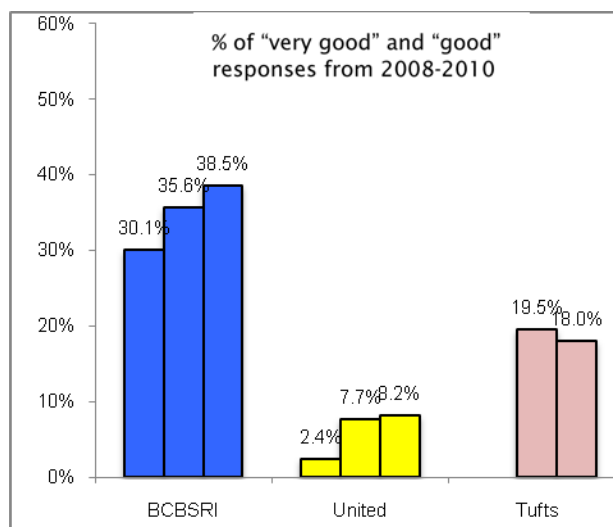


Fig. 9. Change in General Provider Services

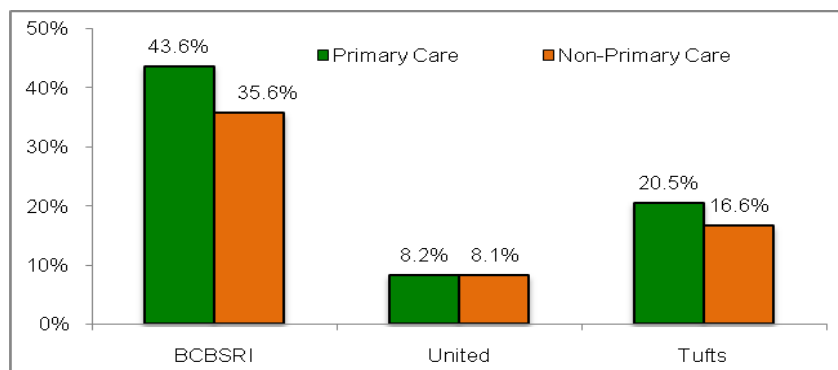


* No testing was done for statistical significance of any differences reported.

Common rationales cited by respondents to justify their general provider services ratings included difficulties accessing a customer service representative to resolve issues, such as long wait times.

As they did for payment rates, primary care physicians reported greater satisfaction with general provider services for both BCBSRI and Tufts, as shown in Figure 10. There was no difference by provider type for satisfaction with United's provider services.

Fig. 10. Percent of "Very Good" and "Good" Responses for General Provider Services by Provider Type, 2010



* No testing was done for statistical significance of any differences reported.

B. Payment Methods

As part of the survey, respondents were informed, “Health plans in Rhode Island are responsible for using payment methods that promote the overall affordability and quality of health care in the state. Example of payment methods that promote health care affordability and quality include pay for performance, bonus programs, and quality incentives.” Only 16.7% of respondents indicated receiving payments through any of these methods. Among those receiving payments, respondents were more satisfied with payments from BCBSRI than from United or Tufts. Ratings of “very good” or “good” were indicated by 51.0% of respondents for BCBSRI, 10.1% for United, and 14.0% for Tufts. Accordingly, 16.6% of respondents rated BCBSRI “very poor” or “poor”, as did 56.5% of respondents for United and 38.0% for Tufts.

37.1% of primary care respondents reported receiving payments through methods that promote affordability. There was no difference between primary care physicians and all physicians regarding their satisfaction with additional payments from BCBSRI. The number of primary care physicians reporting additional payments from United and Tufts was too small for appropriate comparison.

Fig. 11. Additional Payments by Carrier, 2010

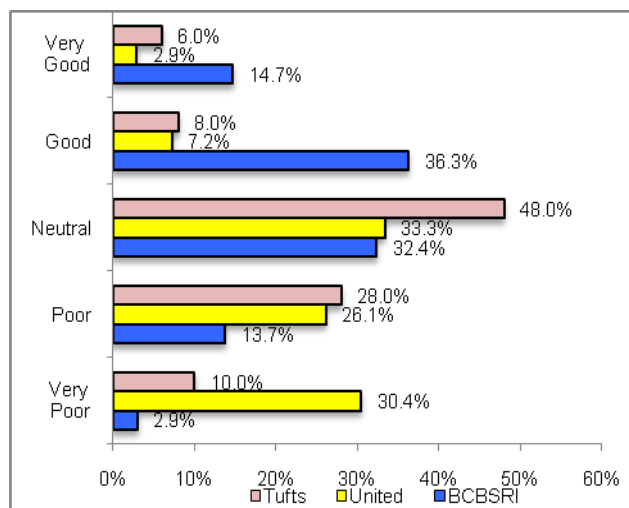
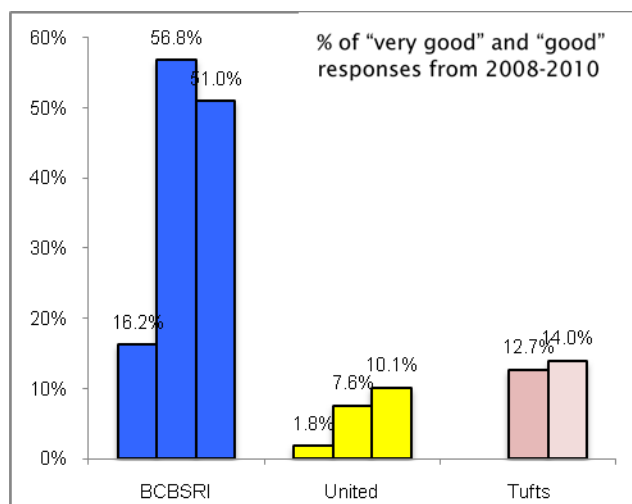


Fig. 12. Change in Additional Payments



* No testing was done for statistical significance of any differences reported.

Some providers who received additional payment indicated areas where payment could be improved, including clearer specifications for payment formulas, quality incentive calculations, and provider classifications. Other providers expressed frustration with feeling penalized if their practice did not utilize electronic medical records, a standard for additional payments endorsed by OHIC.

C. Health Plan Efforts to Improve the Health Care Delivery System

Respondents were also informed, “Health plans in Rhode Island are responsible for collaborating with others in the community and investing their own resources to promote improvements in Rhode Island’s health care system. Examples of improvements include

promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information.” BCBSRI has consistently received the highest rating among respondents in this category, with 37.4% rating BCBSRI “good” or “very good” as compared to 6.2% for United and 10.3% for Tufts, as shown in Figures 13 and 14.

Notably, respondents praised health plan investments in the patient centered medical home model, including the Chronic Care Sustainability Initiative. One respondent stated, “I am part of [a practice that] recently signed a contract with BCBSRI to increase pay for participating in the patient centered medical home. This will incentivize physicians to work diligently to improve the health of the sickest and thus most costly patients. BCBSRI should be lauded for their efforts.”

Fig. 13. Delivery System Improvements by Carrier, 2010

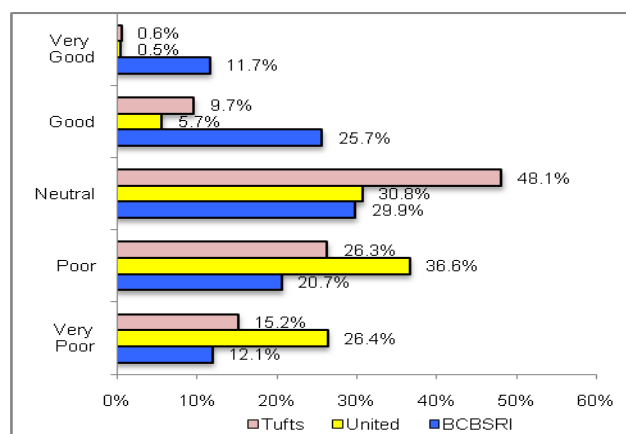
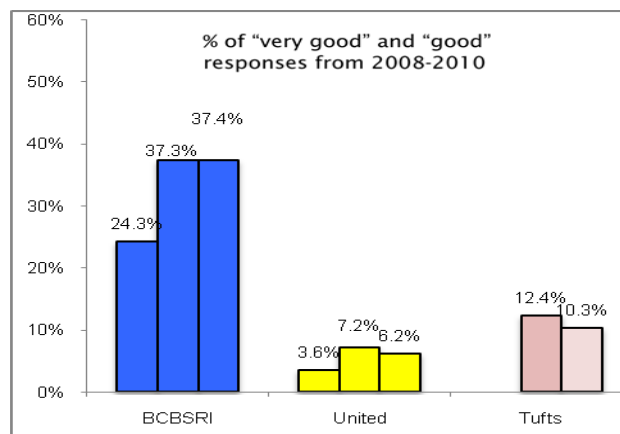


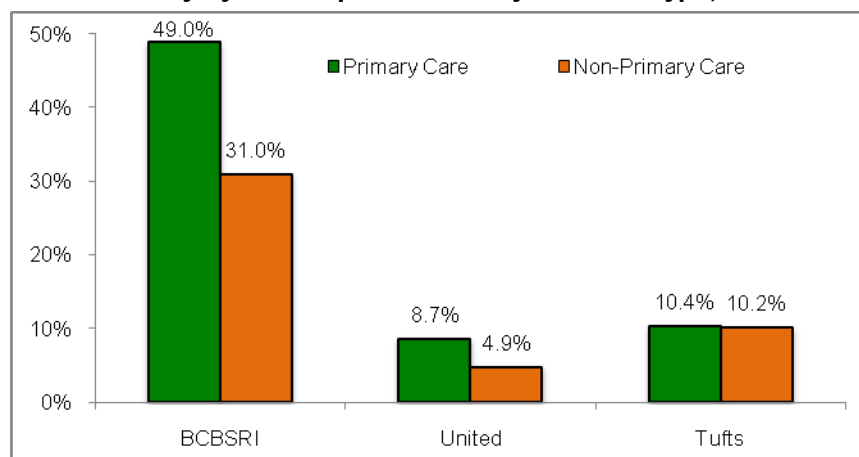
Fig. 14. Change in Delivery System Improvements



* No testing was done for statistical significance of any differences reported.

Primary care physicians reported greater satisfaction than non-primary care physicians with delivery system improvements for BCBSRI and United, as shown in Figure 15.

Fig. 15. Percent of “Very Good” and “Good” Responses for Delivery System Improvements by Provider Type, 2010



* No testing was done for statistical significance of any differences reported.

DISCUSSION

This is the third year OHIC has administered a version of this survey to Rhode Island providers. Although the questions were similar, interpretations of change over time must be made with care due to the low response rate in 2008 (6.3%). Additionally, Tufts entered Rhode Island health insurance market in January 2009; therefore, 2010 is the first full year of experience from which respondents can discuss (Tufts data for 2009 is only representative of provider experience from January – April 2009). Tufts' newness to RI may contribute to providers' rating Tufts "neutral" across all metrics with greater frequency than other carriers.

The 2010 survey results indicate priorities both for OHIC and the commercial health plans as they work to meet statutory expectations for health insurers to treat RI providers fairly and improve the health care system in the state.

- 1) Respondents indicated general dissatisfaction across carriers related to fair treatment of providers, promotion of affordability and quality of health care, and promotion of health systems improvements. Less than 40% of respondents rated any carrier as "good" or "very good" on nearly all of these measures (except for BCBSRI concerning claims processing accuracy and additional payment satisfaction).
- 2) Consistent with results from the 2009 provider survey, areas of significant dissatisfaction, where the highest percentage of respondents rated "poor" or "very poor" overall across carriers, include:
 - (a) provider reimbursement,
 - (b) general provider services, and
 - (c) promotion of health systems improvements.
- 3) Also consistent with results from the 2009 provider survey, important distinctions by carrier remain:
 - (a) Providers were satisfied with BCBSRI's additional payment strategies, with 51% of respondents indicating "very good" or "good" performance in this category. Of note, 42.9% of primary care providers noted improvements in rate adequacy from April 2009 to May 2010 for BCBSRI (compared to 9.0% and 7.6% for United and Tufts, respectively).
 - (b) Providers were generally dissatisfied with United on all metrics, with greater than 55% of respondents indicating "poor" or "very poor" performance in most categories (except claims processing accuracy and simplicity). Although United reports to OHIC officials that it has made additional commitments to provider services resources, the effects of that additional commitment are not reflected in these surveys. Fewer than 5% noted improvements in rate adequacy from April 2009 to May 2010.
 - (c) Provider satisfaction with Tufts varied across metrics: a higher percentage of respondents were satisfied with rate adequacy and claims processing accuracy

and simplicity, while respondents were generally dissatisfied with general provider services, additional payments, and delivery system improvements.

- 4) Directional improvements have been made across most metrics by all carriers since the inception of this survey in 2008 (although changes over time may or may not be statistically significant). Despite these directional improvements, areas of significant dissatisfaction remain the same as those indicated by results from the 2009 survey: rate adequacy, general provider services, and delivery system improvements.

By design and execution, this survey is not a precise instrument. However, the consistency of its use and findings allows for increasing comfort in its findings and priorities for health plan work with physicians. Health plans have many customers, partners and stakeholders – including providers, employers, employees and their families and public officials. While these groups' needs of health insurers are often in conflict, they should not be irreconcilable. This survey provides an important accountability mechanism for all of those groups to assess – in part – the efficacy of health insurers' work with physicians.

Appendix I: 2010 OHIC Provider Survey Instrument

The Office of the Health Insurance Commissioner (OHIC) requests your participation in this brief annual survey assessing health plan interactions with health providers in Rhode Island. Your responses will help set a policy agenda with regards to health insurers.

There are 10 questions. There is space for you to voice any additional comments or concerns after each question, as well as a comment box at the end for any additional information you would like to share. Responses will be analyzed and a report will be produced for OHIC's Health Insurance Advisory Council.

Individual responses will be kept confidential and will not be identified.

The Rhode Island Medical Society (RIMS) has provided financial support for this survey. RIMS has no role in the administration or analysis of the survey.

I. Information About You

1) Are you currently (or within the past 12 months) working as a physician in Rhode Island?

- ☐ No
- ☐ Yes

2) What is your specialty? *Check all that apply.*

- ☐ Family Medicine
- ☐ Internal Medicine (General)
- ☐ OB/GYN
- ☐ Pediatrics
- ☐ Other
- ☐ Other (second specialty)

3) a) What percent of a standard work week do you spend seeing patients?

- ☐ 0%
- ☐ 1-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ greater than 75%

b) What type of setting best describes your practice setting?

- ☐ Solo Practice
- ☐ Private practice with 2-5 physicians
- ☐ Private practice with 6-10 physicians
- ☐ Private practice with more than 10 physicians
- ☐ Community health center

- ☐ Institution (hospital or other) based
☐ Other

II. "Fair Treatment of Providers"

Health plans in Rhode Island are legally responsible for the "fair treatment of providers". The following questions will ask for your opinion on factors that could constitute "fair treatment of providers".

4) How would you rate the adequacy of reimbursement rates paid to you from each health plan?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) How much have reimbursement rates paid to you from each health plan improved or worsened from one year ago?

Health Plans	Worsened Very Much	Worsened	Neither Improved Nor Worsened	Improved	Improved Very Much	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to reimbursement rates.

6) How would you rate the accuracy and simplicity of claims processing for each health plan?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
Accuracy						
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simplicity						
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to claims processing.

7) How would you rate your level of satisfaction or dissatisfaction with general provider services (responding to inquiries, communications, etc.) for each health plan?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to general provider services.

III. Payment Methods

Health plans in Rhode Island are responsible for using payment methods that promote the overall affordability and quality of health care in the state. Examples of payment methods that promote health care affordability and quality include pay for performance, bonus programs, and quality incentives.

8) Beyond payments for specific services provided, do you receive any additional payments such as bonuses, pay for performance, or quality incentives from health plans?

- ☐ No
- ☐ Yes
- ☐ I don't know.

9) If yes, how would you rate your level of satisfaction or dissatisfaction with these additional payments?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to payment methods.

IV. Health Plan Efforts to Improve the Health Care Delivery System

Health plans in Rhode Island are responsible for collaborating with others in the community and investing their own resources to promote improvements in Rhode Island's health care system. Examples of improvements include promoting health information technology, chronic care management, promoting primary care and prevention, and empowering consumers with information.

10) How would you rate each health plan's efforts to promote improvements in RI's health care system?

Health Plans	Very poor	Poor	Neutral	Good	Very Good	Not Applicable
BCBSRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
United	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tufts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments specific to improvements in RI's health care system.

V. Additional Comments

Please provide any additional comments or feedback not previously stated.
